



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 FEB -9 AIO :57

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Natori	Nathan	T.	275-0155
MAILING ADDRESS (Street)			FAX
1360 Pauahi Tower, 1001 Bishop Street			275-0199
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Law Group LLP			275-0100
MAILING ADDRESS (Street)			FAX
1360 Pauahi Tower, 1001 Bishop Street			275-0199
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Investment Company Institute		(202) 326-5825
MAILING ADDRESS (Street)		FAX
1401 H Street NW, 12th Floor		(202) 326-5828
(City)	(State)	(Zip Code)
Washington	D.C.	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Tamara Salmon, Esq.		(202) 326-5825
MAILING ADDRESS (Street)		FAX
1401 H Street NW, 12th Floor		(202) 326-5828
(City)	(State)	(Zip Code)
Washington	D.C.	20005

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

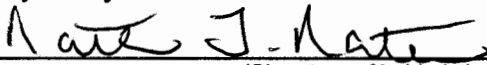
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)2/5/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Tamara Salmon, Esq.

Senior Associate Counsel

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Investment Company Institute

(202) 326-5825

MAILING ADDRESS (Street)

FAX

1401 H Street NW, 12th Floor

(202) 326-5828

(City)

(State)

(Zip Code)

Washington

D.C.

20005

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)Feb 1, 2005
(Date)